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### The Belgian Digital Health Valley

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1. [www.digitalbelgium.e/n](http://www.digitalbelgium.e/n)
2. Ibid.
3. [https://kce.fgov.be/sites/default/files/page\\_documents/KCE\\_250Cs\\_implementation\\_hospital\\_at\\_home\\_Short%20report.pdf](https://kce.fgov.be/sites/default/files/page_documents/KCE_250Cs_implementation_hospital_at_home_Short%20report.pdf)
4. GDPR, recital 78.

# The Belgian Digital Health Valley: enabling patient contributions to healthcare

As part of its 'Digital Belgium' action plan, the Belgian Government has put forward the 'Digital Health Valley,' the aim of which is to create mobile applications to be used by patients to monitor aspects of their health, and which has already seen a large amount of money put towards supporting test bed projects to develop such an application. Jean-Marc Van Gyseghem, Partner at Rawlings Giles, discusses the objectives of the Digital Health Valley and the criteria projects need to meet to receive funding.

Belgium wants to become a country of reference in the digital technology field. In this regard, a digital agenda called 'Digital Belgium' has been drafted, which describes how: 'the digital revolution is responsible for a whole raft of new opportunities and over the years to come will be one of the strongest drivers for growth, jobs and well-being'.<sup>1</sup> A focus has been placed on Belgium being in the top three of the European 'digital Economy and society Index'<sup>2</sup> by 2020.

The Belgian federal Government has presented 'Digital Belgium' as an "action plan, which outlines the digital long-term vision for our country and translates this into clear ambitions." Via Digital Belgium, the Belgian Health Ministry suggested the creation of the 'Digital Health Valley.'

## What is it?

Before the birth of 'Digital Belgium,' various eHealth networks were developed in Belgium on the basis of two kinds of models: top-down and bottom-up. Indeed, in Wallonia and Brussels, for example, the model is a bottom-up one as it's developed by the field for the field. On the other hand, the Government developed a network using a top-down model with some

collaboration with the field. Despite this diversity, these networks are interconnected (hub and meta-hub) and a patient can be 'recognised' wherever she/he is treated in Belgium. However, these networks are mainly 'fed' by the physicians even if they aim at creating a private space for the patients.

In July 2016, the Belgian Health Minister, Maggie De Block, together with Alexander De Croo, Minister in charge of the digital agenda and telecoms, announced a new plan on health in connection with the Digital Agenda. The objective is to develop a mobile application that will be used by the patient to measure certain health parameters. And so, the Digital Health Valley has been created or, at least, is in the starting block.

The Belgian Health Minister announced that €3.25 million has been earmarked to support test bed projects focused on the development of mobile applications. Indeed, mHealth applications accessed on tools that people use on a daily basis would be a way of giving power to the patient in regards to their own healthcare. In this way, the patient will contribute to their own medical file, often under their physician's control.

## Hospital at home

This initiative is founded on the concept of 'hospitals at home'<sup>3</sup>, which has been developed in Belgium. It consists 'of delivering care in the patient's place of residence that would otherwise need to be delivered in an acute hospital,' with the 'eligibility criteria of patients for this type of care [...] more related to the intensity of care required (multidisciplinary nature, frequency of home visits, etc.) than to a specific pathology.' The kind of care involved is very broad and goes from curative care to palliative care, and also includes rehabilitation.

To support the objective of having more and more patients being looked after at home, the sector has to develop technologies that allow physicians to observe the patient's health at distance via the patient her/himself or her/his devices. Taking this into account, the Belgian Minister of Health would like to promote investment and innovation in the eHealth sector as a win-win situation for both patients and physicians. This suggestion is part of a wider framework as Belgium looks to be a leader in biotechnology.



### Criteria to be met

To coordinate this initiative, five fields are identified: diabetes, mental health care, acute cardiovascular attack, cardiovascular care and patients suffering from chronic pain. To have a chance of being selected for funding by the Ministry, the projects must fulfill the following criteria:

- They must ensure sufficient guarantees with regard to privacy including data protection;
- The mobile apps and medical devices must be integrated into other eHealth services;
- Any medical device used must have an EC label; and
- Any digital application must be scientifically founded.

We are very pleased that privacy is one of the criteria for having a project funded. Indeed, health is highly connected with privacy, which is a major concern for physicians but also for patients. Secrecy and the Aristotle oath are the cornerstone of health and we cannot imagine developing new eHealth applications without taking into account this reality.

The Ministry wants to accelerate the process: proposals must be sent by 30 September 2016 at the latest and the selection will be carried out by the end of the year.

### Privacy

In order to ensure sufficient guarantees for data protection, the test bed projects should adopt a privacy by design and by default approach, which is a requirement arising from the new General Data

Protection Regulation ('GDPR'). This kind of approach would avoid a gap between technicians/computer scientists on one side and legal professionals on the other.

This concept, as adopted by the GDPR, originated from the Data Protection Officer of the State of Ontario, and implies that any new technology impacting personal data must guarantee, from its conception, the highest level of data protection possible. This means that 'the controller should adopt internal policies and implement measures which meet in particular the principles of data protection by design and data protection by default. Such measures could consist, *inter alia*, of minimising the processing of personal data, pseudonymising personal data as soon as possible, transparency with regard to the functions and processing of personal data, and enabling the data subject to monitor the data processing, and enabling the controller to create and improve security features. When developing, designing, selecting and using applications, services and products that are based on the processing of personal data or process personal data to fulfil their task, producers of the products, services and applications should be encouraged to take into account the right to data protection when developing and designing such products, services and applications and, with due regard to the state of the art, to make sure that controllers and processors are able to fulfil their data protection obligations. The principles of data protection by design and by default should also be taken into consideration in the context of public tenders<sup>4</sup>.'

We note that the GDPR puts forward,

among other things, the minimisation of processing and pseudonymisation 'as soon as possible.' The former refers to the concept of necessity of Article 8 of the European Convention on Human Rights while the latter refers to the concept of 'privacy stream.' This means that the use of non-coded personal data should be reduced as much as possible and transformed into pseudonymised data or even anonymous data as soon as possible. Both the concepts of minimisation and pseudonymisation are highly connected and pursue the same objective: of reducing the interference in privacy as much as possible.

In order to achieve such a goal, the test bed projects presented in the framework of the Digital Health Valley should include privacy professionals as well as computer scientists who will have to work together. This will be an opportunity to create tools that combine privacy but also efficacy. Beside privacy, the projects should also include patients and physicians who are actually concerned about the Digital Health Valley. Without them, the concept of hospital at home will die together with the Digital Health Valley. A way to include them would be to use a living lab where they would be able to express their fears but also help them consider the application of the project.

The Digital Health Valley will be a success not only because politicians are putting money into it but also because the projects will involve computer scientists and legal professionals together with patients and physicians. Favouring one group of people without the other would be a mistake and would put the whole project in jeopardy.





In August 2016, the FPF published a set of Best Practices for consumer wearables and wellness apps and devices.